

**Application for Review of Market Value**

Washington County Board of Equalization  
87 North 200 East  
St George, UT 84770  
Phone: (435) 634-5703  
Fax: (435)-652-5887

Log#

Account#

Parcel#

Owner of Record		Property Location	
Mailing Address	City	State	Zip
Telephone Number		Daytime Phone Number	
Name of agent representing owner (if applicable)		Agent's Telephone Number	
<div>Market Value shown on "Notice of Valuation and Tax Change" \$ _____</div> <div><b>Owner's estimate of market value (required)</b> _____</div> <div>Basis used to determine appellant's market value (cost, income, sales, etc.) _____</div>			
<b>Basis For Requesting Review</b> <input type="checkbox"/> Market value is not in agreement with similar properties. (Evidence must be provided by property owner – give description below of evidence to be presented at the hearing.) <input type="checkbox"/> Market value not justified by comparable sales or by purchase price. (Comparable sales or a closing statement must be provided by property owner at the hearing.) <input type="checkbox"/> Market value not justified on basis of income derived from property. (Applicable only to commercial income producing property. A "three Year Income Analysis" form must be completed with the requested information and provided at the hearing.) <input type="checkbox"/> Primary/Non-Primary change only. No change to market value. <input type="checkbox"/> Other reasons. (Explain below, describing evidence to be provided.) _____ _____			
<b>Request For Hearing</b> <input type="checkbox"/> I request an in-person hearing before the Board of Equalization. <input type="checkbox"/> I do not wish to appear in person. The Board of Equalization may make a decision based on the evidence submitted.  X _____			
<b>Certification and Signature</b> I certify that all statements here and before the Board are true, complete, and correct to the best of my knowledge. I understand that all information submitted to the Board, and the decision of the Board, are public record. If the Board is unable to make a decision prior to November 30 <sup>th</sup> , I am still responsible to pay all the taxes due to avoid penalties and interest. If a refund is necessary it will include interest starting January 1 <sup>st</sup> .  X _____ Signature of:      Owner      Date <input type="checkbox"/> Other: _____ (Authorization attached if signature is from someone other than the owner.)			
<b>Office Use Only</b> Date Received _____ Appointment date and time _____  <input type="checkbox"/> Taxpayer was issued a "Notice of Intent to Dismiss the Appeal" on _____ and given <input type="checkbox"/> ten days / <input type="checkbox"/> twenty days to submit the necessary information. Documentation is due on _____.			
<b>Complete each part of the application or it will be returned to you!</b> <b>Attach all supporting documentation</b> <b>Include a copy of your most recent Notice of Property Valuation and Tax Change</b> <b>Must be received by September</b>			